



SOUTHWICK POLICE DEPT.
11 DEPOT STREET
SOUTHWICK, MA 01077
PHONE 569-5348 FAX 569-5999



*****MEDICAL ALERT ALARM REGISTRATION*****

This form has been left for you as a request for either new or updated data for this property. We request this data to assist us in Fire and Police emergency responses. Please take the time to fill out this form as completely as possible and return to the Southwick Police Department by Mail, Fax or in Person.

RESIDENCE: _____ **SITE #** _____

STREET & NO. _____ **P.O BOX** _____

HOME PHONES #1. _____ **#2** _____

Alarm Subscriber/Patient: **Name:** _____ / _____
Last First

Cell: _____ **Email Address:** _____

EMERGENCY CONTACTS - KEY HOLDERS

Please Note: The people you list will be called in order given. They should be available night or day in the event contact is needed for your property. List Primary contact and sequential order for other contacts.

Primary: **Name:** _____ / _____
Last First

Address: _____ / _____
Street City/State

Phones: _____ / _____ / _____
Home Cell Any Others

Second: **Name:** _____ / _____
Last First

Address: _____ / _____
Street City/State

Phones: _____ / _____ / _____
Home Cell Any Others

Third: **Name:** _____ / _____
Last First

Address: _____ / _____
Street City/State

Phones: _____ / _____ / _____
Home Cell Any Others

ALARM SYSTEM INFORMATION

Do you have a Medical Alert Alarm System? Yes _____ No _____

If yes, provide Service Info: _____ / _____
Company Name Phone

Do you have a key for your residence outside your home? Yes _____ No _____

If yes, provide exact location of key _____

Do you have any special needs responders should be aware of? Yes _____ No _____

If yes, please explain your special needs _____

What Other Information Can You Provide to Assist Emergency Responders Regarding Your Property? _____

Please Give Details – Chemical Types/Codes – Machinery High Voltage – Any Detail to Warn Responding Fire or Police of Potential Danger. _____

No Alarm User shall operate, or cause to be operated, an alarm system without first registering in accordance with the Town of Southwick By-laws. The Alarm User will not hold the Town of Southwick, the Southwick Fire Department, or the Southwick Police Department responsible for any damages if the registered premises must be forcibly entered in order to respond to an alarm. Registration shall be valid until ownership of alarm site changes. All information provided is held in strict confidence. It will be used only for its intended purpose and will not be shared.

I have read the above regulations and I agree to abide by them and the Town of Southwick False Alarm By-Law (Chapter 102)

Submitted By – Name _____ Date Submitted ____/____/____

Print – Name _____